Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:		<u>4/29/2010</u>	Address:	<u>ln 201 ball lake</u>
Case	#:	<u>22-45700</u>		hamilton IN 46742
Coun	ty:	<u>Steuben</u>		
Type of Laboratory Seizure (check one)			Seizure Location (check all that apply)	
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)			Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): ditch				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: ditch				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): ditch				
Corrosive Acid: ditch				
Corrosive Base:				
Other (item and location): ammonium sulfate Ditch				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services			Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Trp Lazoff	
This report is to be faxed to the following agencies that serve the location:				
Fire Department: <u>Hamiltion VFD</u> Health Department: <u>Steuben Health Dept</u> Child Protection Service:			Fax: Fax: <u>(260)</u> 665-1418 Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Matt Lazoff Phone 5742062931				
 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention. 				